

PTO/SB/17 (10-08)

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FEE TRANSMITTAL For FY 2009		Complete if Known	
		Application Number	10/596,812-Conf. #1756
		Filing Date	July 19, 2007
		First Named Inventor	Akihiro Bungo
		Examiner Name	T. V. Dinh
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2821
TOTAL AMOUNT OF PAYMENT		(\$)	490.00
		Attorney Docket No.	20154/0205051-US0

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

21 - 22 or HP x =

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,528
Name (Print/Type)	Thomas J. Bean	Telephone	(212) 527-7700
		Date	February 18, 2010



Application No. (if known): 10/596,812

Attorney Docket No.: 20154/0205051-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. *Em 061011545-US* in an envelope addressed to:

MS Amendment
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on February 18, 2010
Date

Signature

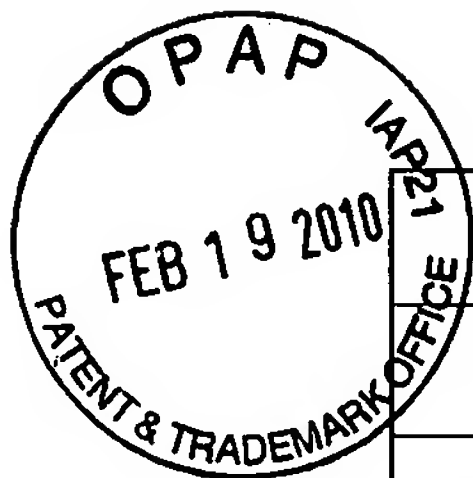
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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to To Non-final Office Action (12 pages)
Substitute Specification (marked-up copy)
Substitute Specification (clean copy)
Charge \$490.00 to deposit account 04-0100
Returned postcard



AMENDMENT TRANSMITTAL LETTER			Docket No. 20154/0205051-US0
Application No. 10/596,812-Conf. #1756	Filing Date July 19, 2007	Examiner T. V. Dinh	Art Unit 2821

Applicant(s): Akihiro Bungo et al.

Invention: ANTENNA DEVICE AND COMMUNICATION APPARATUS

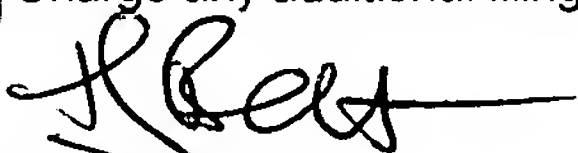
TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 22 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					490.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					490.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 04-0100 in the amount of \$ 490.00.
- ☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Thomas J. Bean
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Dated: February 18, 2010

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